SICC MEETING MINUTES

Truman Building, Room 400 September 9, 2005

Members Present

Debby ParsonsLeslie ElpersStacey OwsleyMelinda SandersGretchen SchmitzLisa RobbinsValeri LaneJoan HarterRonnie RobertsKathy FugerSue AllenMargaret FranklinJulia KauffmanSharon HaileySherl Taylor

Members Not Present

Elizabeth Spaugh

Other Staff Present

Bill Connelly Amanda Wogan Mary Corey Joyce Jackman Sarah Parker Thea Scott

To review copies of handouts mentioned in the minutes below, go to the following website: http://dese.mo.gov/divspeced/FirstSteps/SICCmtgdates.htm and click on "Handouts" for the meeting you are interested in.

Call to Order, Welcome, and Introductions – Joan Harter called the meeting to order at 8:40 a.m. Introductions were made.

Approval of SICC Minutes – Sue Allen made a motion to approve the minutes as written. Gretchen Schmitz seconded the motion. Motion passed.

IDEA Requirement State Performance Plan (SPP) – Valeri Lane introduced this agenda item by mentioning that she received information in early August regarding this change and also mentioned this was discussed yesterday at the SPOE directors' meeting. Mary Corey presented three handouts regarding the upcoming changes. The Improvement Plan has changed to the State Performance Plan (SPP). The future Annual Performance Reports (APRs) will report progress on the SPP.

The first handout Mary reviewed was a PowerPoint presentation regarding why the change in reports. This change came from Section 616 of IDEA04. Each state must submit a six year plan by December 2, 2005, which should contain targets and improvements. There is a list of monitoring priority areas that must be addressed. Some areas will be similar to the APR, but will flow with new IDEA requirements and moves beyond just compliance issues. This is not an entirely new venture. DESE submitted a self-assessment in 2002, then an Improvement Plan and APR in 2003. DESE will use information from last several years to complete the SPP. States will have to publicly report data by SPOE on an annual basis. DESE currently reports SPOE data on the web. DESE is looking for input from SPOE directors' and SICC members. The SPP can be discussed at upcoming RICC and/or LICC meetings. After today and yesterday's feedback, the draft will be updated and posted on the web by the middle of October. The due date for comments will be in November so DESE can have it back to the SICC prior to a final copy submission. Valeri mentioned that the introduction letter she received indicated the need to have broad stakeholder input and she feels that means more than just SPOE and SICC input. Valeri encouraged the LICCs and RICCs to take it to their meetings in order to comply with this part of the letter. Mary agreed and indicated that good input was received yesterday at the SPOE directors' meeting. Some of the indicators will require more help and input than others. It was mentioned to check with

Effective Practices to see if they have a current LICC listing to use to send out this information. Debby indicated that the SPOEs are the primary target because they will be monitored based in the targets. Valeri stated that fourteen indicators are provider based, not SPOE based. Mary said that DESE is still working on how to get feedback from the providers.

The second handout covered the monitoring priorities and indicators. The priorities are as follows: 1) early intervention services in natural environments which contains four indicators; 2) child find which contains three indicators; 3) effective transition which contains one indicator; and 4) general supervision which contains six indicators.

The third handout was a draft Part C SPP containing very preliminary information. This information came from past APRs. DESE is looking for input on the big picture of the SPP, especially regarding the targets that need to be set and what strategies are needed to meet those targets. What the SICC has today is an initial draft that was compiled from various documents. DESE must include an overview of the process and indicators. The baseline data from 2004-05 will be used for reporting purposes. Within the indicators, some are considered new and states have an additional year to gather data on those indicators. Some compliance targets were already set by OSEP at 100%.

Indicator 1 – Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. It is up to each state to define timely manner. There are several decision points on this area. By timely manner, the states can determine length of time and what information is used to determine that time. First Steps has data regarding the following dates: IFSP start date, authorization start date, and billing dates. There are lots of dates in the system, but which ones should be used and what length of time is acceptable from the time the service is identified to the date the services occur. It is believed to be at the start of the services, the time from when the team identifies services to the time the service starts. If a child has multiple services, do all services need to start within a certain time or a percentage of services started in a timely manner or is it when the IFSP is implemented?

At the SPOE directors' meeting yesterday, it was discussed to be the authorization start date to the first billing date. However, there needs to be consistency to how the service start date is entered. Can compensatory services be used as a measure? It was mentioned that all three dates could be used to compare for staggered services or services that have a future date. This is almost an individual review of IFSPs, but DESE is not sure about that approach. In order to make sure every service starts, it would take a year to gather that information.

DESE has checked with other states and they are looking at different areas. What should be the starting point? It was mentioned that the indicator states "services" not the initial service or individual service. Currently, this indicator is not considered new. However, other states have pointed out to OSEP that counting and tracking the services is new. If this is not changed to a new indicator, 2004-05 data is what would be used. DESE would have to look at children with IFSPs in 2004-05 to see if the services were delivered in a timely manner. Valeri stated that there was a Q&A page in an e-mail yesterday from OSEP that indicated if a state reports baseline to meet this data, it can be revised if found incorrect after submitting the information. The issue is sanctions and what will apply. The ultimate sanction is the withholding of funds, but it is doubtful this would happen with one child not meeting the timeline. This target is 100% so the baseline is slightly less important. Targets are to be SMART, which is specific, measurable, achievable (but challenging), rigorous targets. How long is acceptable between service consent and services starting?

Since most First Steps services are provided in the natural environment, allowing for family schedules, it could be a couple of weeks or a month to meet the family needs regarding a start date. It was mentioned that services should be able to start within thirty days of the IFSP effective date. Is there a benefit to see what other states are doing to compare? Some IFSPs could have services starting in sixty days because the provider is on maternity leave and the family wants that particular provider. This would not be considered timely. Sarah Parker indicated that she participated in a conference call yesterday that discussed this issue and judging by the information in the conference call it looks like this indicator could be changed to new. DESE will review the Technical Assistance information provided by OSEP and will notify the SICC at the next meeting if there are

any changes in this indicator. Improvement activities_proposed include: develop service coordinator part two training, develop and implement transdisciplinary services training; provider recruitment activities; quarterly data review; monitor reports regarding provider availability; use the First Steps consultants for technical assistance and sanction enforcement; and training on consistent use of authorizations and entries. The training for the transdisciplinary model is intended for both the service coordinators and the providers.

Indicator 2 – Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. This data came from the federal reporting tables. The total line shows the percentages for the primary setting data as part of the IFSP. Targets are to show consistent improvement even if a state starts at a high level, they must still show improvement. Underlying improvement could be moving some of the clinical setting services into the family home. Some improvement activities include: use of IFSP Quality Indicators Rating Scale, service coordinator part two training module, transdisciplinary training, data review (quarterly), impact of transportation reimbursement options, and using the consultants to investigate agencies providing services in clinic not the natural environment. DESE could include information regarding what types of services are happening in the centers and also track the "other service" that can only be performed in the hospital setting.

Indicator 3 – Percent of infants and toddlers with IFSPs who demonstrate improved: a) positive social-emotional skills (including social relationships); b) acquisition and use of knowledge and skills (including early language/communication); and c) use of appropriate behaviors to meet their needs. This indicator is considered new. This requires entry and exit assessment for those children receiving services more than six months. The Effective Practices Section is working to pull together a group from First Steps and ECSE to work on the tools_and process to be used to collect this data. The first meeting is to take place in October (those with evaluation experience and outcomes experience), contact Kate Numerick if you wish to participate. The Midwest Faculty Institute conference is in November and would include many people that would give good input for DESE's meeting. Kathy Fuger and Lisa Robbins both showed interest in participating. For each of the three areas mentioned in the indicator, each state must reach or maintain parity with peer, plus improve. It would be hard not to improve since improvement could be barely making progress. OSEP has funded an outcome center. First Steps should be careful when testing children because there are some instruments, but they are limited. DESE is still working on compiling the improvement activities.

Indicator 4 – Percent of families participating in Part C who report that early intervention services have helped the family: a) know their rights; b) effectively communicate their children's needs; and c) help their children develop and learn. This indicator is considered new. DESE has been sending out family surveys for a couple years, so data is available. At yesterday's SPOE meeting, it was mentioned to take the time to evaluate the surveys and validity of the data received. Demographic information is not asked on the survey. It was suggested that the surveys be done through the SPOE and be sent to specific groups, not to everyone. Indicator 5 - Percent of infants and toddlers birth to one with IFSPs compared to: a) other states with similar eligibility definitions; and b) national data. DESE has proposed some targets for birth to one. Improvement activities include targeting referral sources (medical and NICU) and continuing to work with other referral sources (PAT). Mary indicated that in the last APR they looked at referral. Some children are just are not eligible. Improvement activities are essentially the same.

Indicator 7 – Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. Within the 45-day timeline the target is set at 100%. Improvement activities include regular review of data to see if there are problems, assigning consultants to work on the problem, and a corrective action plan from monitoring. Another proposed activity is to work on provider recruitment and make sure providers understand their role in meeting timelines. It was asked if there was a way to link payment to timelines.

Indicator 8 – Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a) IFSPs with transition steps and services; b) notification to LEA, if child potentially eligible for Part B; and c) transition conference, if child potentially eligible for Part B. The target is 100%.

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Improvement activities include getting transition module updated and on-line, getting First Steps and ECSE folks working together. Mary indicated that DESE will have more information on this in the new data system. The student ID system is being assigned to school-age children now and Mary will check on when First Steps children will be included.

Indicator 9 – General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case late than one year from identification. The target is 100%. That any identified non compliance is corrected within one year. Improvement activities are a continuation of monitoring, developing self assessment, consultants technical assistance, web monitoring, and revising and implementing sanctions (withhold funds).

Indicator 10 - Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular compliant. Indicator 11 – Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

Indicator 12 – Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). Indicator 13 – Percent of mediations held that resulted in mediation agreements.

DESE does not have timeline issues. There are no mediations. Mediation is an option instead of due process. There are trained mediators to work with both parties. We need to ensure that parents understand their rights.

Indicator 14 – State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. Need more data verification to ensure accuracy.

Mary will update the SICC at the November meeting and the SPP is due December 2.

Budget/Finance (with annualized cost per child per SPOE) – Valeri Lane asked about this being included. Debby indicated that Dale was trying to figure out how to break out the dollar amounts and did not have it finished in time for this meeting. This should show up on future handouts.

Family Cost Participation - Joyce Jackman indicated that DESE is holding public hearings this week to review changes to address SB 500. Actual rule changes are posted on the web. There is a 60-day comment period that began at the beginning of August and end at the close of business on October 5. It will go to the State Board for approval. DESE anticipates the rule process to be done at the end of October. The Springfield public hearing had two participants, Kansas City had two and St. Louis had twelve. There were concerns about having to pay but there were also favorable comments about the structure being reasonable. There is an appeal process for changes to the family status (loss of job, high medical expenses). The announcement for the public hearings was posted in the newspaper and was sent out to the listserv. It was not a SPOE contractual responsibility to disseminate this to the families. The SPOEs and service coordinator will have to work with each family to gather information to calculate their fee so families will have a personal contact before they get a bill. Sherl Taylor asked if there were services that are not Medicaid eligible and how many children. Joyce will check with Mary Corey to see if that information is available. Two of the major insurance companies in Missouri have indicated they will probably do the lump sum payment. Also, DESE has heard from insurance companies that are excluded that would like to be included. Non-payment from parents will generate the following actions: notification at 30 days by letter, at 60 days another letter, at 75 days another letter, and on the 90th day services will be suspended. This can be avoided by bringing payment current. Service coordination and evaluation are free services. There are still some procedural pieces that need to be worked out.

Update on the RFP for SPOEs (process and timeframe) – Joyce Jackman indicated that she is unable to discuss the RFP for SPOEs as the bid is currently open. There were about 40 in attendance at the pre-bid conference yesterday. If questions, contact Mary Call at OA. The current bid is for the area reconfigured that is referred to as Phase II. Phase I is under contract and cannot be re-aligned, but contracts may be readjusted.

Web SPOE (access issues or definition of issues) – Mary Corey indicated that administrators and DMH supervisors will have access in November to their employees files. Hopefully in November the social history and combined enrollment will be printable. CAPTA will be added in September. The conversion children will be entered by November 15. DESE has been getting a lot of feedback and has made some changes and will prioritize the remaining items.

Monitoring – Amanda Wogan, Special Education Compliance Supervisor, had four handouts regarding SPOE monitoring. SPOE reports should be ready next week. OSEP requires 100 percent compliance. Sanctions are much harder with Part C because everyone is under a contract. Amanda indicated that the new web system will take care of many issues if used correctly.

Due Process Disclosure – Under IDEA, DESE is required to disclose to the SICC any due process hearings. It was indicated to the Council that the decisions are available on the web with redacted information and one full copy was brought to the SICC meeting for members to review.

CAPTA (addressing of referrals) – Debby Parsons indicated that since the last SICC meeting there has been an update to the referral form on the SPOE system and information was received and posted from ITAC. There will be a conference call next week with DSS to discuss the interagency agreement. Next will be the revisions to the state plan in the spring.

CSPD – Sarah Parker handed out a written update to the SICC. Leslie Elpers indicated that what was on the summary sheet was the only discussion they had at the CSPD meeting. It was suggested that Kate Numerick add Lisa and Valeri to the CSPD list. Lisa indicated that she now has to have her students pay to take the modules. She does not feel this is right because they are already paying tuition. The fee is tied to the assessment. Lisa indicated that taking the assessment is part of her class and it is the grade she uses, but she cannot and her school will not allow her to charge them additional fee. Debby indicated the fee is required if an individual wishes to enroll as a provider. Leslie indicated she would like to see the fee go away completely. Debby suggested that the CSPD committee meet again to discuss the fee issues and any future changes. They can discuss the impact of the fees. Mary's report has a lot of activities for training and Val thought the CSPD should be involved with that. Many did not feel Moodle was effective because there was not a lot of discussion. Transition is still scheduled to come on-line.

Next SICC Agenda Items: new appointments (send a reminder to the Governor's office regarding appointments), Sue Allen handed out information for a not for profit organization (they want to eventually have something available for those who are not eligible for First Steps), update on SPP, RFP (timeframe update), budget, family cost participation, and LICC reports.

Sue Allen made a motion to adjourn the meeting. Lisa Robbins seconded the motion. Motion passed. Meeting adjourned at 1:35 p.m.